



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

Elite Healthcare North Dallas

**Respondent Name**

Hartford Underwriters Insurance

**MFDR Tracking Number**

M4-16-0361-01

**Carrier's Austin Representative**

Box Number 47

**MFDR Date Received**

October 13, 2015

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "Please see attached initial paperwork that was reviewed with the patient. We have met all key components."

**Amount in Dispute:** \$428.50

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "DOS 8/12/14: Based on documentation received, Coventry stands by the review. DOS 10/20/14: On 10/5/15, case id#00GB1527804388 was adjusted in our system allowing an additional \$168.90 (DCN 2015239F7507005). RF shows payment has cleared the bank."

**Response Submitted by:** Coventry

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 12, 2014	99204	\$428.50	\$0.00
October 20, 2014	99214		

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment

codes:

- W3 – Request for reconsideration
- 15 – (150) Payer deems the information submitted does not support this level of service

### **Findings**

1. Was the request for MFDR timely?
2. Are the insurance carrier's reasons for denial or reduction of payment supported?
3. What is the applicable rule pertaining to reimbursement
4. Is the requestor entitled to additional reimbursement?

### **Findings**

1. 28 Texas Administrative Code 133.307 (c) states,

Requests for MFDR shall be filed in the form and manner prescribed by the division. Requestors shall file two legible copies of the request with the division.

(1) Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section.

(A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.

Review of the submitted information finds the date of service in dispute is August 12, 2014. The date the request for MFDR was received is October 13, 2015. This date is one year later than the date of service. No issues related to 133.307(c)(1)(B) were found. Therefore, the requestor has waived the right to MFDR for this date of service.

2. The carrier denied codes 99214 as 15 – "Payer deems the information submitted does not support this level of service." However the carrier in the response provided evidence of payment. Specifically check number 000341980 in the amount of \$168.90 was mailed on October 7, 2015.

28 Texas Administrative Code §134.203 (c) states,

To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

(1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is (date of service annual conversion factor).

The maximum allowable reimbursement is calculated as follows;

- Procedure code 99214, date of service October 20, 2014, (DWC Conversion factor / Medicare Conversion Factor) x Participating amount or (55.75 / 35.8228) x \$108.53 = \$168.90.

3. The total allowable reimbursement for the services in dispute is \$168.90. This amount less the amount paid by the insurance carrier on October 5, 2015, of \$168.90, leaves an amount due to the requestor of \$0.00. No additional reimbursement can be recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

**ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

**Authorized Signature**

_____	_____	November , 2015
Signature	Medical Fee Dispute Resolution Officer	Date

***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**